



SPECIAL EVENT SERVICE REQUEST FORM

Effective 07/01/2018 - 06/30/2019

RECEIVED ON: _____

APPROVED BY: _____

REQUESTOR INFORMATION

Organization Name	Tobelman Neighborhood Center	Council District #	15
Requestor Name	Kenny Green	Telephone Number	310.838.1145
Request Date	3.3.20	Cell Phone Number	310.528.3711
E-Mail Address	kgreen@tobelman.org	Fax Number	

EVENT INFORMATION

Event Name	Community Clean Up			
Event Date(s)/Time: <small>(30 days advance notice required for guaranteed service)</small>	Event Start Date 04.11.20	Event End Date 04.11.20	Event Start Time 9am	Event End Time 4pm
Requested Package <small>(Select Only One)</small>	<input type="checkbox"/> A - Blue Bin Only (\$97.20/event)	<input type="checkbox"/> B - Blue Bin Only (\$142.34/event)	<input type="checkbox"/> C - Blue Bin Only (\$380.44/event)	<input type="checkbox"/> D - Blue Bin Only (\$846.84/event)
	<input type="checkbox"/> A - Optional Staffing (\$574.94/day)	<input type="checkbox"/> B - Optional Staffing (\$687.78/day)	<input type="checkbox"/> C - Optional Staffing (\$800.62/day)	<input type="checkbox"/> D - Optional Staffing (\$1,488.40/day)
	<input type="checkbox"/> E - Non-Food (\$128.85/event)	<input type="checkbox"/> F - Non-Food (\$195.09/event)	<input type="checkbox"/> G - Non-Food (\$549.27/event)	<input type="checkbox"/> H - Non-Food (\$1,348.06/event)
	<input type="checkbox"/> E - Optional Staffing (\$574.94/day)	<input type="checkbox"/> F - Optional Staffing (\$574.94/day)	<input type="checkbox"/> G - Optional Staffing (\$800.62/day)	<input type="checkbox"/> H - Optional Staffing (\$1,488.40/day)
	<input type="checkbox"/> I - Food Event (\$160.38/event)	<input type="checkbox"/> J - Food Event (\$247.63/event)	<input type="checkbox"/> K - Food Event (\$717.38/event)	<input type="checkbox"/> L - Food Event (\$1,847.13/event)
	<input type="checkbox"/> I - Optional Staffing (\$574.94/day)	<input type="checkbox"/> J - Optional Staffing (\$574.94/day)	<input type="checkbox"/> K - Optional Staffing (\$913.46/day)	<input type="checkbox"/> L - Optional Staffing (\$2,289.03/day)
	<input type="checkbox"/> Custom Quote			
Optional Roll-Off Service:	<input type="checkbox"/> 40-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)		<input type="checkbox"/> 30-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)	
Cardboard Boxes:	<input type="checkbox"/> Refuse	Quantity <input type="text"/>	<input type="checkbox"/> Recycle	Quantity <input type="text"/>
Additional Liners (\$0.39 ea.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity of Additional Liners <input type="text"/>	
Comments:				

BILLING INFORMATION

Bill to	<input type="checkbox"/> Requesting Person/Organization/Sponsor/Vendor	<input type="checkbox"/> General City Purpose Fund (Auth. by: _____)
	<input checked="" type="checkbox"/> Council Office (Authorized by: <u>Cartin Muldoon</u>)	
Bureau of Street Services (BSS) Special Events Reference Number (if applicable)		
Subsidy Eligibility:	<input type="checkbox"/> Does not Apply	<input type="checkbox"/> 50% Special Events Subsidy
	<input type="checkbox"/> Community Clean-Up (Restrictions Apply)	
Name	CD 15	Telephone Number
Billing Address	638 S. Beacon St.	San Pedro
Authorized Signature:	<u>[Signature]</u>	90731
		Print Name

DELIVERY AND PICK-UP INFORMATION

Containers Drop Off Site:	Street Address	City	Zip
Roll-Off Bins Drop Off Site:	1571 Del Amo Blvd	Torrance	90501
Site Contact Person(s):	Kenny Green	Site Contact Cell Number:	310.528.3711
Drop Off/Pick Up Date/Time:	Drop Off Date: 04.10.20	Pick Up Date: 04.13.20	Drop Off Time: 8am
Comments:			
Signature upon Delivery:	I have received the containers and services as indicated above and agree to the conditions listed below.		Print Name

* Daytime Delivery/Pickup's will be scheduled between 7:00 a.m. and 12:30 p.m. (Mon-Fri). Containers delivered during daytime hours need to be stored in a secure location.
 * Tip Fees for Roll-Off Services will be determined once event has concluded.
 * Fee will be assessed for any lost or damaged containers.

SANITATION USE ONLY

No. of Blue Containers	No. of Roll Off Bins		
30 Gallon	30 Yard	40 Yard	Other
No. of Black Containers	Weight Slip Date	Truck Number or Roll-Off	Tons Dumped
60 Gallon			
Date Sent	Confirmation	Confirmation to Organizers	Confirmation to Council
Request Sent to Yard:			
Req. Sent to Special Events:			
Comments:			

TO BE COMPLETED BY THE REQUESTOR

SANITATION USE ONLY



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REQUESTOR INFORMATION

Organization Name:	Toberman Neighborhood Center	Council District #:	15
Requestor Name:	Kenny Green	Telephone Number:	310.837.1145
Request Date:	3.3.20	Cell Phone Number:	310.528.3711
E-Mail Address:	kgreen@toberman.org	Fax Number:	

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Billing Address:	638 S Beacon St		City:	San Pedro
			Zip:	90731
Authorized Signature:			Print Name	

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